garagan kan garagan salah salah badan kelebah dalah kelebah dalah bada bada bada bada bada bada bada ba	general general and a second control of the control
ARIZONA STATE BO	State File Ito
BUREAU OF VITA BY PLACE OF BIRTH BY STANDARD CERTIFI	Registered No.
Mala	and and a
County	State VS VV V V V V V V V V V V V V V V V V
District or Township	or Village
City // No./4 (16 birth occurred in	n a hospital or institution, give its NAME instead of street and number)
2. Full name of child On Clocion Diaz	{ If child is not yet named, make } supplemental report, as directed.
3. Sex of Child To be answered ONLY) 4. Twin, triplet other	
in event of plural 5. No., in order of birth	of birth ACC O 1/20
1	14. MOTHER A
Full name	Full maiden name Pot n
you way	Verionella varica
9. Residence (Usual place of bode)	15. Residence (Usual place of abode) Miami,
If non-resident, give place and state. Wysona.	If non-resident, give place and state. Wygona.
10. Color or race	16. Color or race
Mod. 11. Age at last birthday 2.6(Years)	MPN. 17. Ago at last birthday 28 (Years)
Dunganca	Dunance
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation
Nature of industry Ma	Nature of industry
20. Number of children of this mother	nd now living 21. Were precautions taken against oph-
tTaken as of time of birth of child herein (b) Born alive by	ut now dead thalmis nconstorum. Yla
certified and including this child).	
I hereby certify that I attended the birth of this child, who was	Malife at 8 Pm. on the date above stated.
	Born alive or a willborn)
* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn	00 · ·
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or
Given name added from a supplemental report	liami, Wysona, (Physician or midwife).
Month, day, year	c_0
Registrar.	Registrar.
249.1261.77	

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